

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 10516301	Filing Date				
							Applicant(s)					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2		1					52					
3		2					53					
4		2					54					
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47							97					
48							98					
49							99					
50							100					
Total Indep	1											
Total Depend	11											
Total Claims	12											

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